



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1145
PHONE (615) 741-5062
<http://funeral.tn.gov>

CALENDAR YEAR: _____

ESTABLISHMENT'S PRENEED FUNERAL FUNDS REPORT
ON IRREVOCABLE AND REVOCABLE CONTRACTS

Note: This report must be completed and **received** no later than March 15th of each calendar year. Mail this report to Burial Services at the address above. Forms with incomplete data will not be accepted but returned to the establishment.

1. **Name of Establishment:** _____

2. **Address:** _____
(Number, Street, P.O. Box, Etc.)

(City) (State) (Zip Code) (Phone Number) (Fax Number)

3. **Name and Title of Person in Charge:** _____

4. **Date of Organization:** _____

4a. **How is the company organized (Corporation, LLC, Partnership, Sole Proprietorship, etc.)?** _____

5. **Sales Data:**

- (a) Number of insurance funded preneed contracts sold this year _____
- (b) Number of money funded preneed contracts sold this year _____
- (c) Total preneed contracts sold this year? (a + b = c) _____
- (d) Total preneed contracts serviced this year (preneeds turned at needs) _____
- (e) Total number of at need funeral contracts (calls) this calendar year _____
- (f) Listing of all trust balances at year end is attached to this report ☐ Yes ☐ No Trust

6. **Trust Data:**

- (a) **Beginning Balance** (a) \$ _____
(should agree with prior year's ending balance)
- (b) Amount received on preneed contracts this year* (b) \$ _____
- (c) Amount remitted to trustee(s) this year (c) \$ _____
- (d) Current earnings to include undistributed interest, dividends, capital gains and losses (d) \$ _____
- (e) Preneed amount distributed by trustee(s) (e) \$ _____
(includes principal plus interest, taxes, fees and refunds)
- (f) **Ending Balance** (sum of a + c – e + d = f) (f) \$ _____

7. **Name and address of trustee and/or preneed insurance company:** If more than one trustee or preneed insurance company, list all names and addresses on a separate sheet.

*Include known deposits made directly by contract buyers to financial institutions in connection with establishment's preneed contracts.

State of Tennessee

County of _____

I, _____, _____ of _____
(Name) (Title) (Establishment)

do hereby affirm, under penalty of perjury, that all information contained in and submitted with this report is complete, true and accurate.

(SEAL)

X

Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My Commission Expires: _____ Notary's Signature: _____